



Atty Dkt No.PP00926.106
2300-0926.05
PATENT

A.F.
JW

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3/25/05
Date


Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

HOUSTON et al.	Confirmation No.: 9213
Serial No.: 09/887,853	Group Art Unit: 1642
Filing Date: June 21, 2001	Examiner: HELMS, L.R.
Title: BIOSYNTHETIC BINDING PROTEINS FOR IMMUNO-TARGETING	

AMENDMENT UNDER 37 CFR §1.116

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Office Action mailed January 3, 2005, with a shortened statutory period of three months for response. Accordingly, this response is timely filed.

Reconsideration of the application in view of the following amendments and remarks is respectfully requested.

A listing of claims begins at page 2 of this paper.

Remarks begin on page 4 of this paper.

**TRANSMITTAL
FORM**

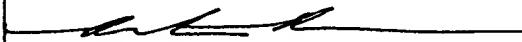
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	6	Attorney Docket Number	PP00926.106 (2300-0926.05)
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ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input checked="" type="checkbox"/> Amendment/Reply (5 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Return Receipt Postcard		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application				
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Chiron Corporation		
Signature			
Printed name	Roberta L. Robins		
Date	March 25, 2005	Reg. No.	33,208

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Denise M. Vaillancourt	Date	March 25, 2005